

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P320: Golden Rule Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 157,052
Services Submitted: 157,052

Source File: P320_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	11,222	13,891	23.8	133,419	147,620	10.6	18,921,171	20,667,824	9.2
4: Indemnity Care	2,711	2,495	-8.0	12,893	9,432	-26.8	2,132,801	1,667,189	-21.8
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	11,552	14,268	23.5	146,312	157,052	7.3	21,053,972	22,335,013	6.1

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	10,783	14,157	31.3	137,988	155,475	12.7	19,454,599	21,992,336	13.0
HMO Fee for Service									
HMO Capitated									
Medicare, All Types	2	4	100.0	5	18	260.0	985	2,219	125.3
No Plan Assigned	779	107	-86.3	8,319	1,559	-81.3	1,598,388	340,458	-78.7
Total	11,552	14,268	23.5	146,312	157,052	7.3	21,053,972	22,335,013	6.1

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	2	7	250.0	5	23	360.0	985	3,743	280.0
2: Individual Plan	10,864	14,261	31.3	139,477	157,029	12.6	19,791,041	22,331,270	12.8
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured									
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)	698			6,830			1,261,946		
Missing or Invalid Code									
Total	11,552	14,268	23.5	146,312	157,052	7.3	21,053,972	22,335,013	6.1

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P320: Golden Rule Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 157,052
Services Submitted: 157,052

Source File: P320_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.